



*Fighting blood clots
through education*

Apixaban (Eliquis®) and Surgery:

What You Need to Know



The following materials are to be reviewed with your clinician prior to your procedure.

For more detailed information on managing your blood thinner or antiplatelet medicine before a procedure, please see our full *Procedure Playbook* guide [here](#).



A Personalized Antithrombotic Medication Management Worksheet

**USE THIS SHEET IF YOU ARE ON A DOAC:
APIXABAN, EDOXABAN, RIVAROXABAN,
or DABIGATRAN**

Background Information

**Print For Use
With Your Surgeon**

Name: _____

Date of birth: _____

Preferred pharmacy (include name, address, and phone number):

Emergency contact name and phone number:

Medication Information

Check off which medicines you take in the boxes below.

Next to your medication, fill in your dose, the reason why you take it, and who prescribes it.

✓	Blood Thinner	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Apixaban (Eliquis®)			
<input type="checkbox"/>	Rivaroxaban (Xarelto®)			
<input type="checkbox"/>	Dabigatran (Pradaxa®)			
<input type="checkbox"/>	Edoxaban (Savaysa®)			

✓	Antiplatelet	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Aspirin			
<input type="checkbox"/>	Clopidogrel (Plavix®)			
<input type="checkbox"/>	Ticagrelor (Brilinta®)			
<input type="checkbox"/>	Prasugrel (Effient®)			

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Information and Instructions for Your Procedure

Name or type of procedure: _____

Date, time, and location of procedure: _____

AFTER YOUR PROCEDURE:

Restart my _____ on (DATE)
and follow these instructions: _____

(RECORD DOSAGE AND TIME TO RESUME IT,
THEN HOW TO CONTINUE GOING FORWARD.)















BEFORE YOUR PROCEDURE:

Based on discussions with my healthcare team and
instructions from my doctor(s), I will...

- Continue taking my _____ as usual
and will not make any changes to how I take it.
- Stop taking my _____ on
_____ (DATE).

If I have questions, I can contact
_____ [NAME]
at _____ [PHONE NUMBER].

Low/Moderate Bleeding Risk

3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM 	AM 	AM 	AM 	AM 	AM 	AM 
PM 	PM 	PM 	PM 	PM 	PM 	PM 
Take	Take	Do not take	Do not take	Ask your doctor†	Take	Take















†You will usually restart your apixaban within 24 hours after having a procedure with low/moderate bleed risk if adequate hemostasis is achieved; your doctor will tell you exactly when to restart.

Adequate hemostasis refers to the successful prevention or stopping of bleeding.

 – DO NOT take  – do not take based on your doctor's advice

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.

High Bleeding Risk

3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM 	AM 	AM 	AM 	AM 	AM 	AM 
PM 	PM 	PM 	PM 	PM 	PM 	PM 
Take	Do not take	Do not take	Do not take	Do not take	Ask your doctor*	Ask your doctor*

*You will usually restart your apixaban 2-3 days after a high-bleed-risk procedure if adequate hemostasis is achieved; your doctor will tell you exactly when to restart.

Adequate hemostasis refers to the successful prevention or stopping of bleeding.

 – DO NOT take  – do not take based on your doctor's advice

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.